

Mentor Certification

As mentor to _____ [insert name of fellow] (hereinafter “the Fellow”), I have read and understood the fellowship guidelines and accept full responsibility as mentor to the Fellow for the Career Development (K) Award sponsored by the National Institutes of Health. I hereby certify that the Fellow meets the eligibility requirements of the sponsor and will not receive a faculty appointment prior to receiving the fellowship award. If the Fellow receives a faculty appointment during the fellowship, I understand the Fellow may lose the fellowship support. Prior to the fellowship award, I will ensure all necessary protocols are approved and the Fellow is added as key personnel to each protocol as appropriate. If I am not the principal investigator of said protocol(s), I will ensure the principal investigator of said protocol(s) adds the Fellow to each protocol. I understand only a faculty member may serve as principal investigator of a protocol.

Agreed and accepted,

Typed Name and Signature

Date